

# PLEASE PRESS DOWN 5 PART FORM

19996

SELLER:



CP National

RETAIL INSTALLMENT CONTRACT

IN House Financed

PO Box 310 100 Main  
Klamath Falls OR 97601

PURCHASER (PRINT) FIRST NAME <b>HALVOR</b>		MIDDLE INITIAL <b>—</b>	LAST NAME <b>ENGELSTAD</b>	DATE WANTED <b>10/21/83</b>	ACCOUNT NUMBER
SPOUSE FIRST NAME <b>DORI</b>		MIDDLE INITIAL <b>L</b>	LAST NAME <b>ENGELSTAD</b>	SHIP TO (If other than Purchaser)	
STREET ADDRESS <b>430 RIVERSIDE DR</b>				CITY <b>KLAMATH FALLS</b>	STATE <b>OR</b>
APT. NO.				ZIP CODE <b>97601</b>	PHONE NO.
CITY				STATE	ZIP CODE

CREDIT APPLICATION	ALL APPLICABLE CREDIT INFORMATION MUST BE FILLED IN COMPLETELY AND ACCURATELY
HOME PHONE OR NEAREST ( )	SOCIAL SECURITY NUMBER <b>514 09 6190</b>
LANDLORD OR MORTGAGE HOLDER	NAME <b>U.S. BANK</b> STREET ADDRESS <b>PO Box 38 67 Brea</b> CITY <b>PORTLAND</b> STATE & ZIP CODE <b>OR 97208</b>
MONTHLY MORTGAGE OR RENT PAYMENT \$ <b>304</b>	GIVE ALL PREVIOUS ADDRESSES AND DATES FOR PAST 2 YEARS

PURCHASER'S EMPLOYMENT	SELF EMPLOYED (STATE TYPE OF BUSINESS)	POSITION OR OCCUPATION	INCOME \$ <b>1600</b> <input type="checkbox"/> WEEK <input checked="" type="checkbox"/> MONTH
EMPLOYED BY	<b>RETIRED</b>	HOW LONG THIS ADDRESS <b>2</b> YRS. <b>2</b> MOS.	EMPLOYER'S PHONE
STREET ADDRESS		CITY	STATE & ZIP CODE
GIVE ALL PREVIOUS EMPLOYERS AND DATES FOR PAST 2 YEARS		HOW LONG	PAY DATES <b>3rd of mo.</b>

<input type="checkbox"/> SPOUSE'S <input type="checkbox"/> CO-SIGNER'S	EMPLOYER	NAME OF BANK	STREET ADDRESS	CITY	STATE & ZIP CODE
BANK ACCOUNT <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVING		<b>WESTERN BANK DOWN TOWN BR. KFO</b>			
WHERE DO YOU BORROW OR BUY ON CREDIT? (INCLUDE OPEN ACCOUNTS ON BANK LOANS, FINANCE COMPANIES, CHARGE ACCOUNTS & OTHER INSTALLMENT ACCOUNTS)					
1. AUTO LOAN	NAME	STREET ADDRESS	CITY & STATE	PRESENT BALANCE	MONTHLY PAYMENT

2. <b>GMAC</b>	<b>PO Box 10 585</b>	<b>Eugene OR</b>	<b>\$3700</b>	<b>\$127.00</b>
3. <b>GMAC</b>	<b>PO Box 10 585</b>	<b>Eugene OR</b>	<b>\$48.00</b>	<b>\$160.00</b>
4. <b>WARDS (NEW)</b>	<b>Shasta Mall</b>	<b>Klamath Falls</b>	<b>\$160</b>	<b>\$20.00</b>

DESCRIPTION	TERMS OF SALE
CEILING INSULATION	1. LIST PRICE \$ <b>675.00</b>
SIDEWALL INSULATION	2. SALES TAX \$ <b>0</b>
ONE DEARBORN DKS 55M W/ FURNACE	3. SHIPPING & HANDLING \$ <b>0</b>
5/10 02008 - W/ EET	4. CASH PRICE (1+2+3) \$ <b>675.00</b>
W/ FURNACE INSTALLATION AS BID	5. CASH DOWN PAYMENTS
PER THOMAS SHEET METAL INVOICE # 7508	PART A - Paid with order \$ <b>101.25</b>
	PART B - To be paid on delivery (C.O.D.)
	Tax \$ <b>0</b>
	Plus \$ <b>0</b> = \$ <b>0</b>
	6. TOTAL DOWN PAYMENT (PARTS 5A + 5B) \$ <b>101.25</b>
	7. AMOUNT FINANCED (4-6) (UNPAID BALANCE OF CASH PRICE) \$ <b>573.75</b>
	8. FINANCE CHARGE ANNUAL PERCENTAGE RATE <b>11</b> % \$ <b>68.03</b>
	9. TOTAL OF PAYMENTS (7 + 8) \$ <b>641.78</b>
	10. DEFERRED PAYMENT PRICE (4 + 8) \$ <b>743.03</b>
	PAYABLE IN <b>24</b> EQUAL MONTHLY PAYMENTS \$ <b>26.79</b> EACH, PLUS A FINAL \$ <b>0</b> PAYMENT.

DELIVERY DATE <b>10/27/83</b>	<input type="checkbox"/> CASH <input type="checkbox"/> S-PAY <input checked="" type="checkbox"/> BUDGET
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NOTICE TO CUSTOMER: (1) Do not sign this before you read it or if it contains any blank spaces. (2) You are entitled to an exact copy of any agreement you sign. (3) You have the right at any time to pay in advance the unpaid balance due under this agreement and you may be entitled to a partial refund of the finance charge computed as of the installment date nearest the date of prepayment based upon the Rule of 78. No refund of less than \$1.00 will be made. (4) You, the buyer, may cancel this transaction at any time prior to midnight of the fourth business day after the date of this transaction. See the attached notice of cancellation form for an explanation of this right. (5) This contract is also a notice of intent to lien at any time CP National should deem necessary.

ADDITIONAL TERMS OF CONTRACT ON REVERSE SIDE

(PRINT) SALESMAN'S NAME

ACCEPTED & EXECUTED FOR CP National

BY:

DATE: **10/28/83**

I (we) have read this contract and hereby acknowledge receipt of 2 fully completed copies and 2 detachable notices of cancellation. I (we) warrant that all information supplied are complete and accurate.

Purchaser's Signature **Halvor Engelstad**  
Spouse's Signature **Dori Engelstad**  
Co-Signer's

19937

STATE OF OREGON, )  
County of Klamath )  
Filed for record at request of

on this 22 day of Nov. A.D. 19 83  
at 9:54 o'clock A M, and duly  
recorded in Vol. M83 of Mortgages  
Page 19995

EVELYN BIEHN, County Clerk

By L. M. Smith Deputy  
Fee 12.00